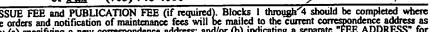
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee self-fications. maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

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Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)	Katrina Prati			
(Signature)	Ratura Prati			
(Date)	9-23-04			

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/747,795	12/29/2003	S. V. Sreenivasan	PA96/UTS-42-08D13	6437

TITLE OF INVENTION: IMPRINT LITHOGRAPHY TEMPLATE COMPRISING ALIGNMENT MARKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
ponprovisional	NO	\$1330	\$300	\$1630	09/23/2004
EXA	MINER	ART UNIT	CLASS-SUBCLASS]	
KIM,	PETER B	2851	355-075000		
. Change of correspondence address or indication of "Fee Address" (37 IFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. D "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			For printing on the patent front page mes of up to 3 registered patent a	attorneys or 1 Kernieur	C. Brooks
			ents OR, alternatively, (2) the name in (having as a member a registered ent) and the names of up to 2 regis	attorney or 2	
			omeys or agents. If no name is liste	ad no name	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has

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Board of Regents, The University of Texas System	Austin, TX, USA				
Please check the appropriate assignee category or categories (will not	be printed on the patent);	individual	☐ corporation or other private group entity	government	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
D Issue Fee	A check in the amount of the fec(s) is enclosed.				
D Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502650 (enclose an extra copy of this form).				
Advance Order - # of Copies					
Director for Patents is requested to apply the Issue Fee and Publication	n Fee (if any) or to re-apply	any previously	paid issue fee to the application identified abo	ve.	
(Authorized Signature) Zenne M (Brock) St. Kenneth C. Brooks, Req. No. 38,393	9/23/04	! 09/28/	2004 BABRAHA2 00000037 502650 1	0747795	

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01 FC:1501 1330.00 DA

02 FC:1504 300.00 DA